Disclosure Report Cover	Amendment Yes No
Use this form for general report and committee information, must be signed and submit	ted along with other detailed forms
Do not use this form to update information. 1. Committee Information	
a. Full Name	c. ID Number
	· CTANTOC
YAUL FITZGERALID FOR WANHAW COMMIS	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3501 BUCKETE CT	10.30-2017
WAX HAW NC 28173	e. Phone Number
WAX HAW NC 28113	704.776.6849
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. T	reasurer Full Name
	The second section of the second seco
	UL FITZGAROW
6. Type of Committee (Check One) ☐ Candidate Campaign ☐ Party ☐ Party ☐ Party ☐ Party ☐ Municipal ☐ State/County	
✓ Candidate Campaign Party Municipal State/County ☐ PAC ☐ Referendum ☐ Organizational ☐ Organizational	Referendum
Independent Expenditure Joint Fundraiser Thirty-five day Quarterly	Organizational Pre-referendum
Legal Expense Fund	Final
Pre-election Second	Supplemental Final
7. Type of Fund (if applicable, check one)	Annual
Booster Fund Semi-annual Fourth	Special
☐ Building Fund ☐ Mid Year Semi-annual	special
Year End Mid Year	10. Special Report Name
Other: Final Year End	
8. Number of Fundraisers this Report Special Final	
☐ Special	
11. Account Information 11. Account Informatio	n
a. Financial Institution Full Name	Vame
BOUK OF AMERICA BANK OF	
b. Purpose c. Account Code b. Purpose	c. Account Code
FCEVED 2017 PF	12 2019 NFG
Record to Second 1	7
d Parat	J Davied Books No. mon
OCT 3 0 2017	d. Period Begin Basance
OCT 3 0 2017	d. Period Begin Barance
CERTIFICATION s	\$ 311.00
CERTIFICATION tions on Co. Board the Committee or Fund is in compliance with all applicable provisions of Article 2	\$ 311.00 22A, 22B & 22D-22M of Chapter 163
CERTIFICATION (INS.) On Co., Boald of Lections of the NC General Statutes and that no funds are commingled with prohibited or other non-disc	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this
CERTIFICATION tions on Co. Board the Committee or Fund is in compliance with all applicable provisions of Article 2	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this
CERTIFICATION: On Co. Boald of Lections Of the NC General Statutes and that no funds are commingled with prohibited or other non-discreport is complete, true and correct and that I have been trained by the NC State Board of Election.	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions.
CERTIFICATION: On Co. Board of Lections Of Co. Board of Lections Of the NC General Statutes and that no funds are commingled with prohibited or other non-discreport is complete, true and correct and that I have been trained by the NC State Board of Elections Page Fitzerrand	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions.
CERTIFICATION (10) S Of Co. Board of Lections Of Co. Board of Lections Of the NC General Statutes and that no funds are commingled with prohibited or other non-discreport is complete, true and correct and that I have been trained by the NC State Board of Election First First August First First August First Fi	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions.
CERTIFICATION (1008) On Co. Boald of Lections	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. 10.29.201 Date
CERTIFICATION (10) S Of Co. Board of Lections Of Co. Board of Lections Of the NC General Statutes and that no funds are commingled with prohibited or other non-discreport is complete, true and correct and that I have been trained by the NC State Board of Election First First August First First August First Fi	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. 10.29.201 Date Delivery Method
CERTIFICATION (1018) Of Co. Boald of Lections	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. 10 · 29 · 201 Date Delivery Method Normal Mail
CERTIFICATION (1008) On Co. Boald of Lections	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. 10.29.201 Date Delivery Method Normal Mail Registered Mail
CERTIFICATION (10) S Of Co. Boald of Eccitions Of Co. Boald of Eccitions Of Co. Boald of Eccitions Of the NC General Statutes and that no funds are commingled with prohibited or other non-discreport is complete, true and correct and that I have been trained by the NC State Board of Electory Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Employee: Employee: Employee:	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. 10.29.201 Date Delivery Method Normal Mail Registered Mail Hand Delivered
CERTIFICATION (1018) Of Co. Boald of Lections	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. 10 · 29 · 201 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
CERTIFICATION (10) S Of Co. Boald of Eccitions Of Co. Boald of Eccitions Of Co. Boald of Eccitions Of the NC General Statutes and that no funds are commingled with prohibited or other non-discreport is complete, true and correct and that I have been trained by the NC State Board of Electory Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Employee: Employee: Employee:	\$ 311.00 22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. 10.29.2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment ☐ Yes No No

1. Committee Full Name (and Fund if applicable) 2. Type of 1		Report	3. ID Number
PAUL FIREGRA D For WANTAW COMMISSION		SJM K 9G	
Start of Election Cycle: January 1,		Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ ~	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 25.00	\$ 25.00
6) Contributions from Individuals	(CRO-1210)	\$ 1740.0	so \$ 1740.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	SEIVED	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	T _s 3 0 2017	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270) Union Co	Soard of Elections	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 17 65.00	0 \$ 1765.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1214.0	\$ 1214.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 240	0 \$ 240.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1454	
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 311.0	20 \$ 311.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

				Individuals		Amendment Yes No			
	Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number								
~	1)		cansed)		Douther	. ID INIMIOU			
2	POUL	utor Information	- comments	ton (TOUR TOUR	Miccorn			
District	Contribu Amend		c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount			
X	Add Remove	II. Recount Cour	chrek	u. manin reactions.	ALINET AND ENGLISHED AND AND AND AND AND AND AND AND AND AN	25.00			
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	Add Remove		b. Board of Elections			\$			
	Add	Union U), Duai a -	†		\$			
	Remove Add					\$			
무	Remove Add	<u> </u>		-					
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	Add					\$			
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님	Add Remove					\$			
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宣	Add					\$			
	Remove								
-		only this Page				\$ 25,00			
		of ALL CRO-1	1205 Pages Petailed Summary Page C	'RO-1100)		\$ 25.00			

		rom Individua individual contributio		entributio		of 2		Amendment Yes No
		ne (and Fund if app	The second second second second	OHUIDUUO	ns under	SOU II TOTIII CI		ID Number
		raid For		D. 1			41 SHEATH SPY	UMF9G
3. Con	tributor Inform	ation	CARITY (Remo		10	
DEPTH STREET	ame, Mailing Addr				e/Professio		la c	Comments
		PAUL FIF	SHARALD	M. 300 11	CA I OICOGAU		u. C	Johnnenes
		CONTRACTOR						
		UCKETE		c. Employe	er's Name/S	Specific Field		
6	DAX HA	w NC:	28173				e. E	lection Sum to Date
							\$	1200.00
f. Prior	g. Account Code	h. Form of Payment	i. m-Kind Peschi	tion	j . i	Date (mm/dd/yy	yy)	k. Amount
	Page 18 Anni Bart Anni Bart II foot e moog ti Home ee e moog	CACH	MECLI	V L	#18 (ISK WOLD) TIES	10 W 14 (21021) 2 (4 O - V 22) (4 KK)	WATER OFFI	PERCHANGULAR PROPERTY OF THE P
		CASH	CCT 30	2017	0	1-11-20	17	\$ 100.00
		CASH TRANSFAR	00.		0	7-25-20	217	\$ 50.00
		TRANSFAR	Jaion Co. Board C)† Elections		7-25-20		
BRIDGE STREET,	tributor Informa			Add [Remov			
THE RESERVE OF THE PARTY OF THE	ame, Mailing Addre			b. Job Titl	e/Professio	u , T	d, C	Comments
(includ	le city, state, & zip)	PAUL FITZ	GERALD)					
7	RCOI T	DOCKETE	CT	c. Employe	er's Name/S	Specific Field	1	
				Constitution Constitution		■ Lett 7770 per 25 mars 2 a a		
	UHX TIM	N NC 6	28173				e. El	lection Sum to Date
	acisto accionata segreta sonare	• Samuel Control of the Control of t					\$	1200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ition	j. I)ate (mm/dd/yyy	(y)	k. Amount
		TRANSFAR			6	7-25-20	17	\$ 150.00
		CASH				7-26-20		ф
		ACCOUNT				7-28.20		\$ 50.00
3. Cont	ributor Informa			Add	Remov			
a. Full Na	ame, Mailing Addre	ess & Phone		b. Job Title	- Profession		d. C	omments
(includ	e city, state, & zip)	PAUL FITE	=6 evoril					
3	,501	BUCKES	E CI	c. Employe	r's Name/S	pecific Field		
1	WAX HA	ow NC					e. El	ection Sum to Date
		29	8173				\$	1200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j, D	ate (mm/dd/yyy	y)	k. Amount
		TRANSFAR			0	8-07-201	7	\$ 50.00
		ACLOUNT			10	. 82 -21	7	\$ 450.00
		ACCOUNT TRANSFER)-23-20		
4. Tota	al only this Pa		!					200.00
TO A STATE OF THE PARTY OF THE		O-1210 Pages					\$	1200.00
		of Detailed Summan Pa	ree CPO 1100\				\$	1740.00

Contributions from Individuals Use this form to report individual contributions over \$50 or co	Pg 2 of 2	
1. Committee Full Name (and Fund if applicable)	Sharedarons under \$50 H form Ci	2. ID Number
PAUL FITZGERALD FOR WAXE	1 1 2 1 1 1 2 2 2 3	SJMK96
	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		STICKEN
1507 PROVIDENCE NOS	c. Employer's Name/Specific Field	For OLD SIEWS
1587 1200.		e, Election Sum to Date
WAY HAW X/C 28173		\$ 240.00
f Prior g Account Code h Form of Payment in Kind Descrip	j. Date (mm/dd/yy	yy) k. Amount
BICENTEDIT KIND FOR	SIGNS 07-28-2	240.00
007 3 0 2017		\$
□ UCT 3 5 Elections		\$
Union -	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
The control of the strong term and the strong term of the strong terms of the strong t		
RIIS DEM HOLME DR.	c. Employer's Name/Specific Field	
		e. Election Sum to Date
WAXHAN NC28173		\$ 200.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	tion j. Date (mm/dd/yyy	
O CASH	07-27.20	7 \$ 200.00
		\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CONTRACTOR OF CO		
SANDICA GLENN	c. Employer's Name/Specific Field	
3521 KOMANIT WIL		e. Election Sum to Date
SANDRA GLENN 350 L ROMANY DR MONNOR NC 28110		\$ 100.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	ion j. Date (mm/dd/yyy	y) k. Amount
- CHack	10-10-20	17\$100.00
		\$
		\$
4. Total only this Page		

			119	Amendment	t
Disbursements	Pg	of	1	☐ Yes	No No
				harries and the same of the sa	

olitical

Ose this form to report expenditures from the committee in	or operating expenses, contributions to candidate/poli
committees and coordinated party expenditures	
1. Committee Full Name (and Fund if applicable)	2 ID Number

1. Committee F	Full Name (and Fun	d if applicable)				2	2. ID Number
PAUL F	"(ZGERAY)	FOR WA	× Hh	J Towl	COMMISS	1000	SIMF96
PAUL FITZGERS-1) FOR WAX HAW TOWN CONTRISSION SIMF96 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Exp	enses Con	ntributions to Candida	ates/Politi	cal Committee:	The state of the s	AND DESCRIPTION OF THE PARTY OF	d Party Expenditures
4. Payee Inform			V	Add	Remove	100	
	failing Address & Ph	one		b. Coordinat	ed Committee Name	e d	l. Comments
(include city, state,	, & zip)						
	c Desi			Laral Rasi	stered (Specify)	eracatejo.	
1507	PROVIDER	ICE RD 9	SOUTH	Federal	County:	A. (200)	
				State		ality: e	. Election Sum to Date
WAKE	the NC	28175	>		•		worse in the state of the second second section of the
							\$ 1200.00
White seasons a call the effects of action to be be becaused by	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Rec	juired Remarks
B-Parino	DEBLI		10.	04-2017	\$ 480.00	5	51645
B. PRIOTIOS	DasiT				\$ 720.00	5	SIGNS
4. Payee Inform	nation		Designation at	The second secon	Remove		
	ing Address & Phone			b. Coordinat	ed Committee Name	e d	l. Comments
(include city, stat				Social Capital Consumer		Park Mary Land	
1	BANK OF	AMERICA	A	THE ROLL OF THE PERSONS ASSESSMENT			
1530	PROVIDENCE NC3-138 HAW NC	CE ROAD	S.	The property of the No. St. of Co.	stered (Specify)		
1 10.	NC3-138	3-01-01		Federal State	☐ County: ☑ Municipa	Jien 6	. Election Sum to Date
Wax	HAW NC	28173		L State	Withitipa	- (8)	
							\$ 14.00
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
K-Office aud	has Transfer		10.	02.217	\$ 1400	70	CLOUST FER
					\$		
4. Payee Inform				Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	d	. Comments
(include city, stat	le, & zip)						
RE	CEIVED						
	2 0 2017			c. Level Regis	stered (Specify)		
JO	CT 3 0 2017			State	County: Municipal	litv. e.	. Election Sum to Date
	· (Flactions			- State			ACCUSED ON THE PROPERTY OF THE CASE OF THE
	o. Board of Elections						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
					\$	1	
					\$		
5. Total only thi	is Page						\$ 1214.00
Property of the second second	CRO-1310 Pages						1217.00
STATE OF THE PROPERTY OF THE P	line 13a of Detailed Sum	Page CRO. 11	00 25 Open		\		
	line 13b of Detailed Sum					. :	\$ 1214,00
	line 13c of Detailed Sum						,
DESCRIPTION OF THE PROPERTY OF	odes (List detailed						
A* - Media	B* - Printin			indraising	D - To /	Anothe	er Candidate
E - Salaries	F* - Equipn	0		itical Party			Public Office Expenses
I - Postage	J - Penaltie			ffice Expen			n to Legal Expense Fund
O* Other		THE RESERVE AND ADDRESS OF THE PARTY OF THE		AND DESCRIPTION OF THE PARTY OF	ANGERS CO.		
* Codes require	e detailed explanation	on in required r	emarks	field (k)			

In-Kind Contributions	ī	eg of	Amendment Yes	⊠ No	
Use this form to report non-monetary contributions, donations, good	ds or services pro	ovided to the commi	ittee or fund.	140	
Use CRO-1215 if In-Kind Contributions were or will be refu					
1. Committee Full Name (and Fund if applicable)			2. ID Number		
TAX FITZGERAD FOR WAX	The Assessment Control of the Contro		SJMF9	16	
3. Contributor Information		lemove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Cont	ributor	c. Comments		
	Candidate				
IKON HOMAN	Party				
1507 PROVIDENCE RIDS WAX HAVE NC28173	PAC Referendum	_	1 El - 4 C 4 . I	~ .	
1124 Am) W 2017)	Other Recei		d. Election Sum to I		
			\$ 240.		
e. Description	•	f. Date (mm/dd/yy	g. Fair Market	Amount	
STEKEN (RA-KLACT) OLD	SILNS	> 07-28-20	17 \$ 240	00.00	
			\$		
			\$		
3. Contributor Information	AND DESCRIPTION OF THE PARTY OF	emove			
a. Full Name, Mailing Address & Phone (include City, state, & zip)	b. Type of Contr	ributor	c. Comments		
(include chy, state, & sup)	Individual Candidate				
OCT 3 0 2017	Party				
19	PAC				
Union Co. Board of Elections	Referendum Other Receip		d. Election Sum to Date		
Official con a	Other Recei	pr source	\$		
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market	Amount	
			\$		
			\$		
			\$		
	Add R	emove			
a. Full Name, Mailing Address & Phone	b. Type of Contr	ributor	c. Comments		
(include city, state, & zip)	Individual Candidate				
	Party				
	PAC				
	Referendum Other Receip		d. Election Sum to D	late	
	Other Recei	pt Source	\$		
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market	Amount	
			\$		
			\$		
			\$		
4. Total only this Page			\$ 240.	00	
5. Total of ALL CRO-1510 Pages			0		

(This line must be on line 17 of Detailed Summary Page CRO-1100)